ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | HL | | 4-30-01 |
| O.I.P.E. CLASSIFIER | | 10 | 5-21-01 |
| FORMALITY REVIEW | BT | 926 | 06.25.01 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

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| ✔ | ................................. Rejected | N | ................................. Non-elected |
| = | ................................. Allowed | I | ................................. Interference |
| – | (Through numeral)... Canceled | A | ................................. Appeal |
| ÷ | ................................. Restricted | O | ................................. Objected |

| Claim | | | Date | Claim | | | Date | Claim | | | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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